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LME-MCO Communication Bulletin #J224

Date: October 26, 2016

To: LME-MCOs

From: Kathy Nichols, Behavioral Health Manager, Behavioral Health Section, DMA and Mabel McGlothlen, Team Leader for System Performance and Project Management, DMH/DD/SAS

Subject: Medicaid Encounter Dispositions Changes Related to September 2016 OPR Special Bulletin

The purpose of this bulletin is to inform the LME-MCOs that effective November 1, 2016, the following edits will apply to Medicaid encounters with the disposition of pay and report:

Edit	EOB
Edit 02422 – referring provider invalid or not active	02422 – REFERRING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.
Edit 02423 – referring provider invalid or not active (Q class)	02423 – REFERRING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.
Edit 02437 – service facility provider invalid or not active	02437 – SERVICE FACILITY PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.

Edit	EOB
Edit 02425 – service facility provider invalid or not active (Q class)	02425 – SERVICE FACILITY PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.
Edit 02434 – attending provider invalid or not active	02434 – ATTENDING PROVIDER MISSING, INVALID, OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.
Edit 02435 – attending provider invalid or not active (Q class)	02435 – ATTENDING PROVIDER MISSING, INVALID, OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.
Edit 02436 – PRTF requires attending provider w. psych specialty	02436 – PRTF HOSPITAL STAY REQUIRES ATTENDING PROVIDER TO BILL PSYCHIATRIC SPECIALTY
Edit 07013 – attending provider taxonomy code is missing or not active	03101 – THE TAXONOMY CODE FOR THE ATTENDING PROVIDER IS MISSING OR INVALID
Edit 04531 – billing provider taxonomy code is missing or not active	04531– BILLING PROVIDER TAXONOMY IS INVALID FOR SERVICE LOCATION
Edit 04532 – rendering provider taxonomy code is missing or not active	04532– RENDERING PROVIDER TAXONOMY IS INVALID FOR SERVICE LOCATION

All other edits in the September 2016 OPR Special Bulletin should be set to ignore for Medicaid encounters.

If you have questions, please contact Adolph Simmons, Jr. at (919) 855-4357 or Adolph.simmons@dhhs.nc.gov.

Previous bulletins can be accessed at: <https://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins>

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